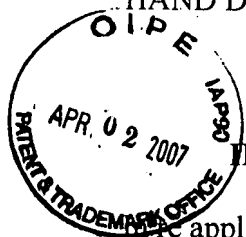


HAND DELIVERY RECEIPT



Patent # 6368273

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

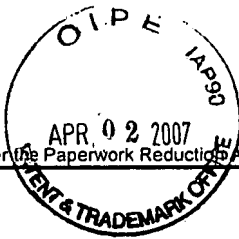
Patent application of	: Brown, Stephen
Serial No.	: 09/300,856
Filed	: Apr 28, 1999
Art Unit	: 3736
Examiner	: ASTORINO, MICHAEL C
Title	: Networked system for interactive communication and remote monitoring of individuals



Received a **FORM 82, REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS, and FORM 96, STATEMENT UNDER 37 CFR 3.73(B)**, all hand delivered to the United States Patent and Trademark Office to: Commissioner for Patents, Customer Service Window, Randolph Building, 401 Dulany Street, Alexandria, VA 22314 on _____.

KINDLY DATE STAMP

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Stephen J. BrownApplication No./Patent No./Control No.: 09/300,856 Filed/Issue Date: Apr 28, 1999Entitled: Networked system for interactive communication and remote monitoring of individualsHealth Hero Network, Inc.a Corporation

(Name of Assignee)

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest
(The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 009934, Frame 0241, or a true copy of the original assignment is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
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3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

Stephen J. Brown

Printed or Typed Name

President & CEO, Health Hero Network, Inc.

Title

Date

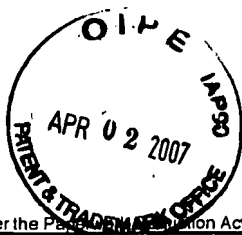
4-18-06
650-779-9101 / 650-779-9105

Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

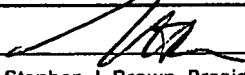
Application Number	09/300,856
Filing Date	Apr 28, 1999
First Named Inventor	Brown, Stephen
Art Unit	3736
Examiner Name	ASTORINO, MICHAEL C
Attorney Docket Number	RYA-129/DIV / 014030.0127D2US

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 60683☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:60683**OR**

<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone			Email		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Stephen J. Brown, President & CEO, Health Hero Network, Inc.		
Date	4-18-06	Telephone	650-779-9101 / 650-779-9105

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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